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PTO/SB/22 (09-06)

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  
FY 2006  
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).)

Application Number 10/683,756-Conf. #5062 Docket Number (Optional) 60742(71250)

Filed October 10, 2003

For MU OPIOID RECEPTOR LIGANDS: METHODS OF USE AND SYNTHESIS

Art Unit 1621 Examiner Y. Valenrod

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | Fee    | Small Entity Fee |                    |
|---|--------|------------------|--------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$120  | \$60             | \$ _____           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$450  | \$225            | \$ _____           |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$1020 | \$510            | \$ _____           |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$1590 | \$795            | \$ _____           |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080           | \$ <u>1,080.00</u> |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.


I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

☒ attorney or agent of record. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent under 37 CFR 1.34. Registration Number 40,024

Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
Signature \_\_\_\_\_

Jeffrey D. Hsi  
Typed or printed name \_\_\_\_\_

October 24, 2006  
Date \_\_\_\_\_

(617) 439-4444  
Telephone Number \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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